

UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new non-provisional applications under 37 CFR 153(b))</small>		<p>Attorney Docket Number: H20G001USO</p> <p>First Named Inventor or Application Identifier: William Shaw</p> <p>Title: Toilet Tank Fill Valve and Method of Operation</p> <p>Express Mail Label No.: EL 978212183 US</p>
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<p>ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>

1. Fee Transmittal Form (submitted in duplicate)
2. Applicant Claims Small Entity Status
3. Specification: Total Pages: **34**
4. Drawing(s)(35 U.S.C. 113): Total Sheets: **26**
5. Oath or Declaration: Total pages: _____
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)
 - i. Deletion of Inventor(s). Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. Application Data Sheet. 37 CFR 1.76
7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)

ACCOMPANYING APPLICATION PARTS

8. Assignment papers (cover sheet & document(s))
9. CFR 3.73(b) Statement (when there is an assignee)
 - Power of Attorney
10. English Translation Document (if applicable)
11. Information Disclosure Statement. (IDS)/PTO-1449.
 - Copies of IDS citations
12. Preliminary Amendment
13. Return Receipt Postcard. (MPEP 503) (should be specifically itemized.)
14. Certified Copy of Priority Document(s) (if foreign priority is claimed.)
15. Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Must attach form PTO/SB/35 or its equivalent.
16. Credit Card Authorization for Payment

17. If a Continuing Application: (check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part of prior application No. _____
 Prior application Information: Examiner _____ Group/Art Unit _____

For Continuation or Divisional only: The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 5b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

<p>Correspondence Address: <u>37,141</u> Customer Number or Bar Code Label:</p>	<p>Correspondence Address: William N. Hulsey III 8911 N. Capital of Texas Hwy., Suite 3200 Austin, Texas 78759 Telephone: 512/ 795-0095 Facsimile: 512/795-9905</p>
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William N. Hulsey III
 William N. Hulsey III, Reg. No. 33,402

10/11/03
 Date

17548 U.S. PTO
 10/676544



10/01/03
16138 U.S. PRO

EL 978212047 US

<u>FEE TRANSMITTAL</u> (Submit in Duplicate)		<u>Application Title:</u>	Toilet Tank Fill Valve and Method of Operation
		<u>First Named Inventor:</u>	William Shaw
<u>Total Amount of Payment:</u>	\$434.00	<u>Attorney Docket No.:</u>	H20G001US0

METHOD OF PAYMENT

1. *Deposit Account Authorization*

- a. XXX The Commissioner is hereby authorized to charge the filing fee and any deficiencies and credit any overpayments to:
 - i. Deposit Account Number: **50-2726**
 - ii. Deposit Account Name: **Hulsey & Calkins, LLP**
- b. XXX The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17.
- c. XXX Applicant Claims Small Entity Status.

2. *Payment Enclosed*

- a. XXX Check
- b. Credit Card
- c. Money Order
- d. Other

FEE CALCULATION

Filing Fee Calculation					
Entity	Basic Filing Fee	Each Independent Claim in Excess of 3	Each Claim in Excess of 20	Multiple Dependent Claim Fee	Total
Small	\$385	0 x \$ 42 = 0.00	1 x \$ 9 = 9.00	0 x \$140 = 0.00	\$394
Other	\$750	_____ x \$84 = _____	_____ x \$18 = _____	_____ x \$280 = _____	

XXX Total Filing Fee: **\$394**

Assignment Recording Fee **\$40**

Other Fee Payment **\$**



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